

SUBMISSION INTO:

PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

Preamble:

ISIS Primary Care is pleased to be able to respond to the above inquiry as we have significant services which work with vulnerable children and families, including:

Family support program

Brimbank Maternal and Child Health

GP services

Paediatric Psychology, Physiotherapy and Occupational Therapy services

Refugee Health

Drug and Alcohol counselling program

ISIS Primary Care is the largest provider of community health services in the Western Metropolitan Region of Melbourne with particular focus on the municipalities of Brimbank, Wyndham and Hobson's Bay.

ISIS Primary Care works in partnership with local communities to provide a broad range of responsive, interconnected health and community services. The range of primary and secondary services delivered by ISIS Primary Care are designed to meet the needs of vulnerable and disadvantaged children, youth, adults and families across their life span.

ISIS Primary Care delivers its services from a social model of Health perspective.

The Family Services Programme Coordinator, Ms. Alga Andreetta, wrote the submission.

The ISIS Primary Care Family Services Programme is a partner in the Brimbank/Melton & Western Child First – Integrated Family Services Catchments, both of which are situated in the DHS North and Western Metropolitan Region (NWMR) and abut the NWMR Child Protection System .

The submission addresses the following Terms of Reference: 1.1,2 & 3

The factors that increase the risk of abuse and neglect occurring and effective preventative strategies.

On a macro-level, literature reviews suggest that communities that have either poor or lack of access to local employment/ educational/ training opportunities and local infrastructure (eg. public transport, safe & affordable private & public housing, health services, hospitals, education facilities and recreational/ arts facilities), are communities at risk of increased poverty, crime, child abuse and neglect. This is further exacerbated in communities that have experienced a historical lack of public/ private socio/ economic and political input.

Recommended strategies:

- ✚ That the government continue to develop the community message that 'child protection is everyone's business' by utilising the Charter of Human Rights, the Convention on the Rights of the Child and the International Convention on Economic, Social and Cultural rights to drive policy and procedures in service and planning delivery for all level of governments and Non Government organisations. This would influence the wider

community in being more child and youth focused. The State Government could utilise COAG to lobby the Federal Government to adopt the same principles in their funding, strategic planning, policy and programme delivery. The State Government could implement these principles across all departments.

- ✚ Capacity building of the universal sector especially focusing on the following services: MCH centres, pre-school, child care, primary schools, neighbourhood houses and medical centres by increasing funding to employ social workers/ community development workers / community health nurses to be attached to the above services based on local government areas. Community development or health promotion activities could include basic every day life skills eg cooking skills, managing money etc.
- ✚ Capacity building of local communities by introducing flexibility in funding & target performance arrangements for , secondary & tertiary services that encompass community development, health and well-being promotion activities.
- ✚ This would reinvigorate communities with a sense of ownership, responsibility and accessibility by de-centralising government and non- government services to a more locally based presence e.g. Utilisation of local libraries, local school facilities, shopping centres – an example of this model was the community hubs developed in the bushfire-affected regions A local public profile would reduce stigma in accessing services and improve understanding of the service system. The above mentioned capacity building initiatives would provide a better platform for better partnerships and working relationships between the universal, secondary and tertiary services then who currently operate in their silos this would enhance holistic or systemic perspective of service delivery
- ✚ The Strategic framework for family services emphasis on working with vulnerable families and shifting the focus of work with children and families to a more secondary service abutting Child Protection has resulted in our family service program reduced capacity to work alongside universal services eg: MCH, Dieticians in providing practical skill development to families. Anecdotal feedback from the varied services within ISIS report that there is no longer in home family support workers that can provide role – modelling and practical assistance to families at crucial family time eg meal times, bed times etc.
- ✚ Re- structure of the Children’s Court – Family Division from an adversarial to inquisitorial system that provides an independent panel made up of Specialist professionals(e.g. child psychologist, neuropsychologist, trauma specialists,) as advisors to the Judiciary, professionals and family members of the impact of neglect on children and young people’s social, physical, emotional and cognitive development currently and future prospects. Ensuring that decisions and intervention plans are evidenced based on legal and psychosocial grounds.

1. Strategies to enhance early identification of and intervention targeted at, children and families at risk including the role of adult, universal and primary services.

- ✚ While there was a wide education programme for the implementation of the CY&F ACT 2005 there was no equivalent education campaign for the Child Safety & Well- being Act 2005 this was a missed opportunity to provided a legislative framework for the development of a ‘common language and understanding of child best interest’ amongst

universal, secondary and tertiary services, inclusive of government, would create a practice philosophy that focuses interventions on improving outcomes for children and supporting families. A measure would be to undertake a concerted State-wide education campaign on the Child Safety & Well-Being Act 2005. The community education campaign would encourage organisations to become more child-centred & focused as it is a legislative requirement.

✚ Adult focused services to adopt simple questions in their referral/ assessment processes such as: are you a parent? Do you care for a child/ young person, how is this problem/ issue impacting on the child/ young person? A Measure to ensure compliance would be to include this requirement in the organisation's standards or service agreement.

✚ Improved funding of local early intervention services for children and their families, as our agency's experience is that this is a major service gap. Frequently the long wait lists for service mean that many children with significant developmental delay issues fail to get timely intervention at critical times in their early lives. A catch 22 exists. For example, many children who are identified as eligible for early intervention services are not able to be seen until they reach school age at which point they become ineligible for early intervention service by virtue of being school-aged.

2. The quality, structure, role and functioning of family services, statutory Child protection services – including reporting, assessment, investigation procedures and responses and out of home care.

✚ The intent of CYF Act 2005 to include the family services sector under the same legislation as Child Protection was meant to develop a seamless integrated relationship between the three sectors- Child Protection(CP), Family Services(FS)_and Out of Home Care(OHC) in order to enhance a continuum of care for vulnerable children and their families. The implementation and training of the evidenced based BI practice model for CP, FS and Out of Home care, was expected to lead to a common language & practice framework which would assist in decision making regarding interventions based on BI principles for the child. However; In reality, this has not worked. Our experience is that there is not a consistent and understood platform of BI principles commonly agreed and used between the Child Protection and the Family services system. For example, The increase number of reports to Child Protection and the increase demand for Family Services has seen in both sectors increase the threshold for eligibility based on demand management decisions rather than on BI principles. The net effect for Family services has meant a prioritisation of children and families with significant well-being concerns rather than on vulnerability and needs. This has also led to a perception from family Services staff and other community sector workers that family services work has become 'quasi-child protection'. This also creates issues in recruiting and retaining staff, and thus being able to meet the needs of families.

✚ The introduction of quality standards into family services and out of home care has been a positive step in ensuring quality of care and accountability., However; the added requirements to organisations to meet these standards and on-going improvements in service delivery, client administration support work and work force professional development have not been commensurate in resources or recognised in performance targets i.e. 'asked to do more with less'. This is further exacerbated for family services programs that are part of other accreditations processes within their agencies.

- ✚ The lack of adequate resourcing is compounded further by the family services sector 'being seen as a platform' for Government strategic directions for improved service integration for other service sectors e.g. adult mental health, Early childhood and alcohol and other drugs i.e. initiatives such as FaPMI, Early Start Kinder, ECD project. These initiatives in partnership building are integral if we are to develop a service sector that is child focused and more integrated, however; these partnerships need to be resourced adequately and not just rely on the 'good will' of organisations.

- ✚ Treasury and funding bodies need to recognise that for Family Services, Child Protection and Out- of Home Care sectors to meet Quality Standards (eg CSO, National Case Management Association standards) and the Best Interest Practice framework need to recruit & remunerate a workforce with specialised skills and professional knowledge in the following:
 - *Attachment and trauma theory through the life span
 - *Child Development Theories
 - *Systemic/Structural Family theories* an ability to navigate multiple and complex service systems & processes* a high degree of engagement skills that can be applied to a client group that covers the whole life span and varying degrees of capability and/ or functioning.

- ✚ The preceding point leads to the need to construct a work force development strategy that attracts and retains a highly skilled work force in the sector. Linked with this, there should be a review of the current funder provider performance management systems. Currently, the sole measure of an agencies performance is predicated on the agencies individual workers' strict adherence to the recording of every minute of their working day. The onerous level of administrative requirement in the family worker's role is often cited in exit interviews as a reason for seeking other career opportunities.

- ✚ The Ombudsmen Victoria report and the most recent child death inquiry report has evidenced, that child protection has not embedded the BI practice model and still practices from a forensic model based on the Victorian risk framework. This creates a level of frustration when family services staff attempt to report or discuss their assessment or care planning from a BI practice framework as Family Services staff feel that their assessment and interventions are not considered. The culture within Child Protection of being reactive, forensically focused and court driven rather than from a BI principle perspective and collaborative working relationships with other services or significant others can leads:- to a lack of creative interventions and outcomes for a child and their family, a minimisation that the use of the statutory authority role can be a strong tool to motivate a family and/ or services to make changes in the child's best interest and possibly prevent further Child Protection or court involvement